

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017830

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Entity Name:** PONTE VEDRA MEDSPA PLASTIC SURGERY & LASER CENTER, LLC

**Current Principal Place of Business:**

209 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

209 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAIRBANKS, RANDAL C  
113 NATURE WALK PARKWAY  
SUITE 103  
ST. AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BURK, ROBERT W III, MD  
Address: 209 PONTE VEDRA PARK DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGR  
Name: RUMSEY, III, C. CAYCE III, MD  
Address: 209 PONTE VEDRA PARK DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGR  
Name: SNYDER, BRETT J MD  
Address: 209 PONTE VEDRA PARK DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR  
Name: SCIOSCIA, PAUL J MD  
Address: 209 PONTE VEDRA PARK DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT W. BURK III, MD                      MGR                      02/27/2012

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date